## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I"AMENDMENT AFTER 2 <sup>™</sup>AMENDMENT AS FILED AFTER I"AMENDMENT IND. 2 MAMENDMENT DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. . 52 <u>67</u> TOTAL IND. TOTAL IND TOTAL DEP TOTAL TOTAL CLAIMS NAME OF TAXABLE PARTY.